Arkansas Adult Education Section

***Licensed Teacher Waiver (Renewal)***

**Submit this form to request a renewal waiver for the license requirement of Adult Education instructors to ensure the instructor is approved and can be paid with adult education funds.**

***Note: Renewal Waivers must be resubmitted and approved yearly.***

***Please refer to the Arkansas Adult Education Program Policies, pages 25-26 and 30 for specific requirements.***

***Email the completed form to*** ***adulted@arkansas.gov*** ***along with required documents.***

**\*\*\* MUST BE APPROVED BEFORE HIRING! \*\*\***

## **Program Information:**

LOCAL EDUCATION AGENCY (LEA):



PROGRAM DIRECTOR’S NAME:



TYPE OF CLASS:





Company Name:



DATE:



E-MAIL:



## **Instructor’s Information:**

INSTRUCTOR’S NAME:



SALARY/HOURLY WAGE:



NUMBER OF HOURS/WEEK:



ANTICIPATED TOTAL SALARY:



EXPECTED START DATE:



DEGREES **(include all)**:



EMPLOYMENT:





## **JUSTIFICATION:**

INSTRUCTOR’S CURRENT CLASS(ES) **(list all that apply)**:



ANALYZE STUDENT PERFORMANCE UNDER TEACHER’S INSTRUCTION. WHAT ARE THE STRENGHTHS? CHALLENGES? **(attach TABLE 4 and TABLE 4B for each of the instructor’s classes)**:



RATIONALE FOR WAIVER CONTINUATION:



CURRENT PERCENT OF INSTRUCTORS WITHOUT AN ARKANSAS TEACHING LICENSE\*:



INCLUDE THE FOLLOWING REQUIRED DOCUMENTS\*\*:





\****Note:***  *Only 25% of a program’s instructional staff can be comprised of non-licensed instructors who hold a Master’s degree in the aforementioned subject areas.*

\*\****Note:*** *Application will not be processed without all the required documents.*

## **Adult Education Section—Action (Office Use Only):**

APPROVED:





ADULT EDUCATION DIRECTOR’S SIGNATURE:



APPROVAL DATE:



START DATE:



END DATE:

